

ATTORNEY DOCKET NO.: BEIERSDORF 724-WCG
6713-Lt-sch

COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

COSMETIC OR PHARMACEUTICAL LECITHIN-CONTAINING GELS OR LOW-VISCOSITY LECITHIN-CONTAINING O/W MICROEMULSIONS

the specification of which was filed on July 25, 2001

RECEIVED

as Application Serial No. 09/890,078 and

FEB 05 2002

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

OFFICE OF PETITIONS

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

198 59 427.5
(Number)

Germany
(Country)

22 December 1998
(Day/Month/Yr. Filed)

☒ yes ☐ no

(Number)

(Country)

(Day/Month/Yr. Filed)

☐ yes ☐ no

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)
(patented,pending,abandoned)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; Bruce Londa, Reg. No. 33,531; all of 220 East 42nd Street, 30th Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206 Bridgewater, New Jersey 08807; Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

SEND CORRESPONDENCE TO:
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220 EAST 42ND STREET - 30TH FLOOR
NEW YORK, NEW YORK 10017

DIRECT TELEPHONE CALLS TO:
WILLIAM C. GERSTENZANG
(212) 808-0700

FULL NAME OF SOLE OR FIRST INVENTOR: Jörg SCHREIBER

INVENTOR'S SIGNATURE: Jörg Schreiber **DATE** 22.8.01

RESIDENCE Erlenkamp 20, D-22087 Hamburg, Germany **CITIZENSHIP** Germany

POST OFFICE ADDRESS Erlenkamp 20, D-22087 Hamburg, Germany

FULL NAME OF SECOND INVENTOR: Florian WOLF

INVENTOR'S SIGNATURE: _____ **DATE** _____

RESIDENCE Husumer Strasse 2, D-20251, Hamburg, Germany **CITIZENSHIP** Germany

POST OFFICE ADDRESS Husumer Strasse 2, D-20251, Hamburg, Germany

FULL NAME OF THIRD INVENTOR: Delphine CROIZET

INVENTOR'S SIGNATURE: _____ **DATE** _____

RESIDENCE 9, rue de Bel Air, F-16200 Jarnac, France **CITIZENSHIP** France

POST OFFICE ADDRESS 9, rue de Bel Air, F-16200 Jarnac, France

FULL NAME OF FOURTH INVENTOR: _____

INVENTOR'S SIGNATURE: _____ **DATE** _____

RESIDENCE _____ **CITIZENSHIP** _____

POST OFFICE ADDRESS _____

FULL NAME OF FIFTH INVENTOR: _____

INVENTOR'S SIGNATURE: _____ **DATE** _____

RESIDENCE _____ **CITIZENSHIP** _____

POST OFFICE ADDRESS _____

FULL NAME OF SIXTH INVENTOR: _____

INVENTOR'S SIGNATURE: _____ **DATE** _____

RESIDENCE _____ **CITIZENSHIP** _____

POST OFFICE ADDRESS _____



09890078 .010302

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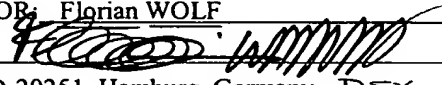
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 INVENTOR'S SIGNATURE: _____ DATE _____
 RESIDENCE Erlenkamp 20, D-22087 Hamburg, Germany CITIZENSHIP Germany
 POST OFFICE ADDRESS Erlenkamp 20, D-22087 Hamburg, Germany

2-00 FULL NAME OF SECOND INVENTOR: Florian WOLF
 INVENTOR'S SIGNATURE:  DATE 28-8-01
 RESIDENCE Husumer Strasse 2, D-20251, Hamburg, Germany DEX CITIZENSHIP Germany
 POST OFFICE ADDRESS Husumer Strasse 2, D-20251, Hamburg, Germany

FULL NAME OF THIRD INVENTOR: Delphine CROIZET
 INVENTOR'S SIGNATURE: _____ DATE _____
 RESIDENCE 9, rue de Bel Air, F-16200 Jarnac, France CITIZENSHIP France
 POST OFFICE ADDRESS 9, rue de Bel Air, F-16200 Jarnac, France

FULL NAME OF FOURTH INVENTOR: _____
 INVENTOR'S SIGNATURE: _____ DATE _____
 RESIDENCE _____ CITIZENSHIP _____
 POST OFFICE ADDRESS _____

FULL NAME OF FIFTH INVENTOR: _____
 INVENTOR'S SIGNATURE: _____ DATE _____
 RESIDENCE _____ CITIZENSHIP _____
 POST OFFICE ADDRESS _____

FULL NAME OF SIXTH INVENTOR: _____
 INVENTOR'S SIGNATURE: _____ DATE _____
 RESIDENCE _____ CITIZENSHIP _____
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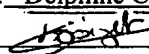
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